

RENEWAL FORM

Primary Reviewer: _____ Date: _____

Inspector: _____ Date: _____

Director's Approval: _____ Date: _____

NHDAMF ORGANIC SYSTEM PLAN (OSP) Renewal - CROP PRODUCTION

INSTRUCTIONS:

- ❖ Complete this OSP if you are RENEWING your current organic certification through NHDAMF
- ❖ Enter in the appropriate SECTION any changes that were made during the previous year; and any changes planned for the upcoming year
- ❖ Use additional sheets, and submit supporting documents as necessary (landowner statement forms, new land maps, etc.)
- ❖ Complete Organic System Plan Renewals are required **prior** to inspection

SECTION 1: General Information			
Name***:			NHDAMF Cert #:
Farm Name:			
Mailing Address:			
Physical Address:			
City:	State:	Zip:	
Primary phone number:	Alternate phone number	Fax number (optional):	
Email address:		Website:	
Organizational structure/legal status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> LLC <input type="checkbox"/> Other-specify: _____			
If a corporation, list state of incorporation and name, if different than listed above:			
***Is this person AUTHORIZED to act on behalf of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO-list name, address & telephone of person who is:			

FEES:		
Inspection Fees: Give total acreage to be certified		Fees *
Horticultural Crop Acres: (vegs, flowers, herbs, fruit, high tunnels)	Acres	\$
Agronomic Crop Acres: (hayland, pastures, forages, grains)	Acres	\$
Greenhouse(s): permanent structures used for the production of seedlings, potted plants and crops, offered for sale	ft ²	\$
Permanent Greenhouse types & sizes:		
Certification Fee:		+ \$ 100.00
TOTAL FEES SUBMITTED		
* Refer to Table 911-1 Inspection Fees, pg VII, Agr 911 Rules		

AFFIRMATION: Please read and check the following then sign below.

- ☐ I affirm that all statements made in this application are true and correct.
- ☐ I affirm that no prohibited products have been applied to any of the organically managed fields during the three-year period prior to projected harvests.
- ☐ I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule.
- ☐ I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent.
- ☐ I will immediately notify the certifying agent of any change in my certified operation or portion of it that may affect its compliance with the Act or regulations. I will submit an update whenever changes are made thus ensuring that the application/OSP consistently reflects my current organic operation.
- ☐ I agree to comply with all applicable State and NOP production and handling standards as described in the final rule of the United States Department of Agriculture Marketing Service National Organic Program (CFR part 205).
- ☐ I agree to submit applicable fees charged according to the fee schedule by NHDAMF.
- ☐ I have a copy of the NHDAMF organic Rules and USDA National Organic Program (NOP) Regulations which I have read, and understand.
- ☐ I have made copies of this application and other supporting documents for my own records.



Signature of Applicant/Authorized Representative

Date

Address & detailed travel directions to your farm and each production site which you are requesting certification:

ORGANIC CERTIFICATION HISTORY

List the name(s) of other certifying agency to which an application has been previously made, and date(s) of application: _____ N/A

Outcome of submission(s): _____

If you have received any notices of non-compliance or denial of certification, please attach these with a description of actions taken to correct non-compliances, including evidence of correction.

____ Attached ____ N/A

NON-COMPLIANCES

Did you receive a Notice of Non-compliance (NNC) from NHDAMF for last year's certification?

☐ Yes

☐ No

If yes, please describe NNC and corrective actions implemented:

Note: Corrective actions along with any supporting documentation will be reviewed during inspection.

Certification & Inspection Fees, OSP Submission and Department Contact Information

Make checks payable to: **TREASURER, STATE OF NH**

NHDAMF contact information:

Submit completed forms, fees and supporting documents to:

NHDAMF, Div. of Regulatory Services

PO Box 2042

Concord NH 03302-2042

Jennifer Gornnert, Director

Telephone: (603) 271-7761

Fax: (603) 271-1109

Email: Jennifer.gornnert@agr.nh.gov

SECTION 2: RECORDKEEPING**NOP Rule Section 205.103*****Production Records Must:***

- 1) Disclose all activities and transactions of the operation*
- 2) Be maintained for 5 years beyond their creation*
- 3) Demonstrate compliance to the NOP Rule*
- 4) Be sufficient to be able to trace back to the field/location where the product was produced, grown and/or harvested*
- 5) Maintain separate records for split (conventional/transitional) production; and*
- 6) Be available for review during the inspection visit*

**If applicable for your production, the following records MUST be maintained and will be reviewed at inspection.
Check the records currently maintained:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Documentation of organic seedling purchase | <input type="checkbox"/> Harvest records | <input type="checkbox"/> Storage records |
| <input type="checkbox"/> Documentation of attempts to source organic seeds and/or planting stock | | <input type="checkbox"/> Compost production records |
| <input type="checkbox"/> Equipment cleaning record | <input type="checkbox"/> Shipping records (scale ticket, bill of landing) | <input type="checkbox"/> Transaction Certificates |
| <input type="checkbox"/> Sales records (includes purchase order, contracts, invoice, cash receipts, cash receipt journal, sales journal, etc.) | | |

The following records must be maintained for conventional production.

☐ **Not Applicable**

Check records appropriate for your production:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Field maps | <input type="checkbox"/> Seed records | <input type="checkbox"/> Harvest records | <input type="checkbox"/> Shipping records |
| <input type="checkbox"/> Field history sheets | <input type="checkbox"/> Storage records | <input type="checkbox"/> Input records | <input type="checkbox"/> Sales records |

NOTE: Failure to maintain appropriate records will result in an issuance of a *Notice of Non-compliance*.

NOP Rule Section 205.406

- | | |
|---|---|
| <input type="checkbox"/> A) Section 1: General information
<input type="checkbox"/> B) Section 2: Crop Production Overview
<input type="checkbox"/> C) Land Requirements Form*
<input type="checkbox"/> D) Farm maps
<input type="checkbox"/> E) Seed and Planting Stock Form
(If checked, complete Sec. 4 below)
<input type="checkbox"/> F) Greenhouse Crop Production Form
<input type="checkbox"/> G) High Tunnels | <input type="checkbox"/> H) Soil Management and Crop Rotation Form
<input type="checkbox"/> I) Compost or Manure use Form
<input type="checkbox"/> J) Pest, Disease, and Weed Management & Monitoring Form
<input type="checkbox"/> K) Prevention of Commingling & Contamination & Crop Post-Harvest Handling
<input type="checkbox"/> L) Labeling, Audit Trail and Marketing Form
<input type="checkbox"/> M) Other updates/changes, etc otherwise not listed above |
|---|---|

[illegible]

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SECTION 4: SEEDS – SEEDLINGS - PLANTING STOCK

- ❖ List sources of all seeds/seedlings/planting stock used or planned for use in the current crop season.
- ❖ Check the appropriate boxes and provide the information in each column.
- ❖ Attach additional sheets if necessary.
- ❖ Seed packets, labels, receipts & Organic Certificate, where appropriate, must be available for the inspector

No seeds used _____ No GMO seeds purchased or planted _____

Organic Seedlings:

Produced on-farm _____ Purchased off-farm _____ **NOTE: Seedling sales require additional inspection & fees**

Specify: seeds, seedlings or planting stock (Sd, Sdlg, Plst)	Source name & address	Certifiers Name & address	Org (✓)	Non- Org (✓)	Give justification for non-org seed/plant usage & describe attempts to source organic seed (i.e. Searched 3-5 seed companies (list names) for OG seeds)

SECTION 5: NHDAMF MATERIALS LIST ADDENDUM

- ❖ Review the MATERIAL LIST submitted with last years OSP, to verify current inventory of products to be used this season
- ❖ Add new materials below you intend to use this season
- ❖ **NOTE: Applicants MUST verify NOP compliance of all materials PRIOR TO USE. Non-compliant materials used will result in an issuance of a Notice of Non-compliance from NHDAMF**
- ❖ Attach additional sheets if necessary

- [illegible]

NHDAMF will refer to these brand name lists when verifying compliance of materials & inputs; these lists are recognized as official resources by the NOP.